

**Background Information**

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_\_ No \_\_\_\_  
 "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.  
 "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty, or having been given probation, a suspended sentence or a fine.  
 If you answer yes, you must attach to this application:
  - a) a written statement explaining the circumstances of each incident,
  - b) a copy of the charging document, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
  
2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_\_ No \_\_\_\_  
 "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.  
 If you answer yes, you must attach to this application:
  - a) a written statement identifying the type of license and explaining the circumstances of each incident,
  - b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
  - c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
  
3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_\_ No \_\_\_\_  
 If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.
  
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_\_ No \_\_\_\_  
 If you answer yes, identify the jurisdiction(s): \_\_\_\_\_
  
5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_\_ No \_\_\_\_  
 If you answer yes, you must attach to this application:
  - a) a written statement summarizing the details of each incident,
  - b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
  - c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.
  
6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_\_ No \_\_\_\_  
 If you answer yes, you must attach to this application:
  - a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
  - b) copies of all relevant documents.
  
7. Do you have a child support obligation in arrearage? Yes \_\_\_\_ No \_\_\_\_  
 If you answer yes, by how many months are you in arrearage? \_\_\_\_\_ Months
  
8. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_\_ No \_\_\_\_

STATE OF HAWAII – INSURANCE DIVISION

**Certification and Attestation**

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all insurance matters in the State of Hawaii and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either: a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the State of Hawaii to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the State of Hawaii and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the State of Hawaii.

\_\_\_\_\_  
Month      Day      Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

**Notary**

39. Before me, the undersigned authority, personally appeared the above named applicant, who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Date Commission Expires

**IF FORMS ARE INCOMPLETE, IT WILL BE RETURNED.**

**MAIL FORMS TO:**

HAWAII INSURANCE DIVISION  
ATTN: LICENSING BRANCH  
P.O. BOX 3614  
HONOLULU, HI 96811-3614